

<b>Mobility Fund</b> <b>Phase 1 - §54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<b>&lt;010&gt; Study Area Code</b>	208002
<b>&lt;015&gt; Study Area Name</b>	West Virginia PCS Alliance, L.C.
<b>&lt;020&gt; Program Year</b>	2015
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Keili Young
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	5409464554 ext.
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	youngkk@ntelos.com

(check box when complete)

<b>&lt;040&gt; Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>		<input checked="" type="radio"/> <input type="radio"/>
<b>&lt;041&gt; Attach a description of the documents filed with the Form 481 reporting</b>	<b>&lt;041&gt;</b>	<div style="border: 1px solid black; padding: 2px;">Form481WestVirginiaPCSAllianceLC208002.pdf</div>
<b>&lt;042&gt; Cite the Study Area Code (SAC) for the Form 481 reporting</b>	<b>&lt;042&gt;</b>	<div style="border: 1px solid black; padding: 2px;">209909</div>
<b>&lt;050&gt; <u>Carrier Contact Information</u></b>	(complete attached worksheet)	<b>&lt;050&gt;</b> <input checked="" type="checkbox"/>
<b>&lt;060&gt; <u>Coverage and Performance Report</u></b>	(complete attached worksheet)	<b>&lt;060&gt;</b> <input checked="" type="checkbox"/>
<b>&lt;070&gt; <u>Urban Rate Comparability Certification</u></b>	(complete attached certification)	<b>&lt;070&gt;</b> <input checked="" type="checkbox"/>
<b>&lt;080&gt; <u>Tribal Lands Reporting (y/n?)</u></b>	(Does this study area cover tribal lands? Yes or No) (If yes, complete the attached worksheet)	<input type="radio"/> <input checked="" type="radio"/>
<b>&lt;090&gt; <u>Project Update Information</u></b>	(complete attached worksheet)	<b>&lt;090&gt;</b> <input checked="" type="checkbox"/>
<b>&lt;100&gt; <u>Certifications</u></b>		
<b>&lt;101&gt; Reporting Carrier Certification</b>	(complete attached certification)	<b>&lt;101&gt;</b> <input checked="" type="checkbox"/>
<b>&lt;102&gt; Agent Certification</b>	(complete attached certification)	<b>&lt;102&gt;</b> <input type="checkbox"/>

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	youngkk@ntelos.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	0002049328
<111>	Filing Carrier Name	West Virginia PCS Alliance, L.C.
<112>	Winning Bidder Carrier Name	West Virginia PCS Alliance, L.C.
<113>	Street Address (or PO Box)	1154 Shenandoah Village Drive
<114>	City	Waynesboro
<115>	State	VA
<116>	Zip-Code	22980
<117>	Telephone Number	5409463500 ext.
<118>	Fax Number	5409414305
<119>	Email Address	youngkk@ntelos.com

**Contact Information**

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Keili Young
<121>	Filing Carrier Name	West Virginia PCS Alliance, L.C.
<122>	Street Address (or PO Box)	1154 Shenandoah Village Drive
<123>	City	Waynesboro
<124>	State	VA
<125>	Zip-Code	22980
<126>	Telephone Number	5409464554 ext.
<127>	Fax Number	5409414305
<128>	Email Address	youngkk@ntelos.com

**Authorized Agent Information**

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

**(060) Coverage and Performance Report**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 3 of 8

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<140>	Coverage and Performance Report Year	07/2013 - 07/2014

Coverage and Performance attachments

208002\_WV\_NTELOS\_Data\_Submission.zip,  
208002\_WV\_Ntelos\_Drive Test.zip, NTELOS\_Inaccessible  
Routes.zip

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				--	See attached worksheet					
				--						

Percentage of Total  
Population Reached by  
Service

92

Percentage of Total  
Road Miles covered  
by Service

88

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	West Virginia PCS Alliance, L.C.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/01/2015
Printed name of Authorized Officer:	Brian O'Neil
Title or position of Authorized Officer:	EVP and General Counsel
Telephone number of Authorized Officer:	5409462058 ext.
Study Area Code of Reporting Carrier:	208002 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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<039>	Contact Email Address - Email Address of person identified in data line <030>	youngkk@ntelos.com

<142> State \_\_\_\_\_

<143> County \_\_\_\_\_

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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&lt;200&gt; Date Authorized to Receive Support

07/18/2013

&lt;201&gt; Targeted Completion Date

01/31/2014

&lt;202&gt; Total Mobility Fund Support Awarded

5000086.72

&lt;203&gt; Total Mobility Fund Support Disbursed

1666695.57

&lt;210&gt; Actual Completion Date

01/31/2015

&lt;211&gt; Project Status Description (attached)

208002\_westvirginiapcsalliance1c\_wv.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

&lt;212&gt; Status of Network Deployment - Network Design

✓

&lt;213&gt; Status of Network Deployment - Construction

✓

&lt;214&gt; Status of Network Deployment - Deployment

✓

&lt;215&gt; Status of Network Deployment - Maintenance

✓

&lt;216&gt; Project Budget Status

✓

&lt;217&gt; Project Plan Status

✓

&lt;218&gt; Certify Network will Support 3G/4G Mobile Service (Yes / No)



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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:****Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: West Virginia PCS Alliance, L.C.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 07/01/2015

Printed name of Authorized Officer: Brian O'Neil

Title or position of Authorized Officer: EVP and General Counsel

Telephone number of Authorized Officer: 5409462058 ext.

Study Area Code of Reporting Carrier: 208002

Filing Due Date for this form: 07/01/2015

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## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	07/2013 - 07/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201001001	4	4	4	1.21	1.02	1.02	Yes
WV	Putnam	540790201001005	3	3	3	0.1	0.1	0.1	Yes
WV	Putnam	540790201001008	4	0	0	0.48	0.26	0.26	Yes
WV	Putnam	540790201001009	0	0	0	0.08	0.0	0.0	Yes
WV	Putnam	540790201001010	18	18	18	2.78	2.56	2.56	Yes
WV	Putnam	540790201001011	0	0	0	0.34	0.33	0.33	Yes
WV	Putnam	540790201001012	3	3	3	0.15	0.14	0.14	Yes
WV	Putnam	540790201001013	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201001014	0	0	0	0.33	0.33	0.33	Yes
WV	Putnam	540790201001015	1	1	1	0.03	0.03	0.03	Yes
WV	Putnam	540790201001017	15	0	0	3.05	1.13	1.13	Yes
WV	Putnam	540790201001018	0	0	0	0.22	0.01	0.01	Yes
WV	Putnam	540790201001019	0	0	0	0.34	0.34	0.34	Yes
WV	Putnam	540790201001020	17	17	17	2.85	2.85	2.85	Yes
WV	Putnam	540790201001021	0	0	0	0.08	0.08	0.08	Yes
WV	Putnam	540790201001026	0	0	0	0.4	0.4	0.4	Yes
WV	Putnam	540790201001031	27	0	0	3.14	0.0	0.0	Yes
WV	Putnam	540790201001038	92	0	0	7.66	4.36	4.36	Yes
WV	Putnam	540790201001039	4	0	0	0.27	0.0	0.0	Yes
WV	Putnam	540790201001040	0	0	0	0.28	0.0	0.0	Yes

Percentage of  
Total Population  
Reached by  
Service

92

Percentage of Total  
Road Miles covered  
by Service

88

## (060) Coverage and Performance Report

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201001041	2	0	0	0.14	0.0	0.0	Yes
WV	Putnam	540790201001042	0	0	0	0.07	0.07	0.07	Yes
WV	Putnam	540790201001043	2	2	2	1.37	1.37	1.37	Yes
WV	Putnam	540790201001044	38	38	38	4.21	4.21	4.21	Yes
WV	Putnam	540790201001045	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201001046	25	25	25	3.24	3.17	3.17	Yes
WV	Putnam	540790201001047	0	0	0	0.13	0.13	0.13	Yes
WV	Putnam	540790201001048	0	0	0	0.3	0.24	0.24	Yes
WV	Putnam	540790201001049	5	5	5	2.5	1.77	1.77	Yes
WV	Putnam	540790201001050	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201001051	0	0	0	0.4	0.4	0.4	Yes
WV	Putnam	540790201001052	12	12	12	1.1	1.1	1.1	Yes
WV	Putnam	540790201001053	2	2	2	0.15	0.15	0.15	Yes
WV	Putnam	540790201001054	12	12	12	1.87	1.85	1.85	Yes
WV	Putnam	540790201001055	0	0	0	0.77	0.76	0.76	Yes
WV	Putnam	540790201001056	2	2	2	0.21	0.21	0.21	Yes
WV	Putnam	540790201001063	91	91	91	2.19	1.67	1.67	Yes
WV	Putnam	540790201001064	0	0	0	0.05	0.05	0.05	Yes
WV	Putnam	540790201001066	4	4	4	0.11	0.11	0.11	Yes
WV	Putnam	540790201001067	29	29	29	2.46	1.8	1.8	Yes

Percentage of  
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Service

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Percentage of Total  
Road Miles covered  
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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201001071	4	0	0	0.44	0.0	0.0	Yes
WV	Putnam	540790201001073	204	204	204	8.92	8.78	8.78	Yes
WV	Putnam	540790201001074	0	0	0	0.05	0.05	0.05	Yes
WV	Putnam	540790201001075	0	0	0	0.14	0.07	0.07	Yes
WV	Putnam	540790201001076	2	2	2	0.19	0.19	0.19	Yes
WV	Putnam	540790201001077	0	0	0	0.07	0.07	0.07	Yes
WV	Putnam	540790201001080	5	5	5	0.22	0.22	0.22	Yes
WV	Putnam	540790201001081	0	0	0	0.53	0.3	0.3	Yes
WV	Putnam	540790201001082	6	6	6	0.48	0.19	0.19	Yes
WV	Putnam	540790201001084	0	0	0	0.05	0.0	0.0	Yes
WV	Putnam	540790201001085	11	0	0	0.88	0.29	0.29	Yes
WV	Putnam	540790201002000	2	2	2	0.59	0.59	0.59	Yes
WV	Putnam	540790201002001	39	39	39	3.53	3.53	3.53	Yes
WV	Putnam	540790201002002	8	8	8	0.14	0.14	0.14	Yes
WV	Putnam	540790201002003	0	0	0	0.25	0.25	0.25	Yes
WV	Putnam	540790201002004	0	0	0	0.09	0.09	0.09	Yes
WV	Putnam	540790201002005	8	8	8	1.19	1.19	1.19	Yes
WV	Putnam	540790201002006	3	3	3	0.84	0.84	0.84	Yes
WV	Putnam	540790201002007	4	4	4	2.54	2.52	2.52	Yes
WV	Putnam	540790201002008	8	8	8	0.79	0.79	0.79	Yes

Percentage of  
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92

Percentage of Total  
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by Service

88

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OMB Control No. 3060-1185

<010>	Study Area Code	208002
<015>	Study Area Name	West Virginia PCS Alliance, L.C.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Keili Young
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409464554 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	youngkk@ntelos.com
<140>	Coverage and Performance Report Year	07/2013 - 07/2014

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WV	Putnam	540790201002009	51	51	51	4.63	4.63	4.63	Yes
WV	Putnam	540790201002010	14	14	14	2.59	2.57	2.57	Yes
WV	Putnam	540790201002011	47	47	47	4.19	4.19	4.19	Yes
WV	Putnam	540790201002012	0	0	0	0.1	0.1	0.1	Yes
WV	Putnam	540790201002013	4	4	4	0.69	0.69	0.69	Yes
WV	Putnam	540790201002014	15	15	15	2.4	2.4	2.4	Yes
WV	Putnam	540790201002015	4	4	4	0.74	0.74	0.74	Yes
WV	Putnam	540790201002016	5	5	5	0.33	0.33	0.33	Yes
WV	Putnam	540790201002017	3	3	3	0.32	0.32	0.32	Yes
WV	Putnam	540790201002018	3	3	3	0.53	0.53	0.53	Yes
WV	Putnam	540790201002019	50	50	50	3.86	3.86	3.86	Yes
WV	Putnam	540790201002020	4	4	4	0.25	0.25	0.25	Yes
WV	Putnam	540790201002021	0	0	0	0.18	0.18	0.18	Yes
WV	Putnam	540790201002022	0	0	0	0.24	0.24	0.24	Yes
WV	Putnam	540790201002023	0	0	0	0.2	0.2	0.2	Yes
WV	Putnam	540790201002024	10	10	10	0.46	0.46	0.46	Yes
WV	Putnam	540790201002025	23	23	23	1.88	1.88	1.88	Yes
WV	Putnam	540790201002026	1	1	1	0.16	0.16	0.16	Yes
WV	Putnam	540790201002027	0	0	0	0.12	0.12	0.12	Yes
WV	Putnam	540790201002028	12	12	12	1.05	1.05	1.05	Yes

Percentage of  
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Service

92

Percentage of Total  
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88

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WV	Putnam	540790201002029	0	0	0	0.25	0.25	0.25	Yes
WV	Putnam	540790201002030	0	0	0	0.17	0.17	0.17	Yes
WV	Putnam	540790201002031	74	74	74	3.6	3.6	3.6	Yes
WV	Putnam	540790201002032	0	0	0	0.51	0.47	0.47	Yes
WV	Putnam	540790201002033	2	2	2	0.48	0.45	0.45	Yes
WV	Putnam	540790201002034	10	10	10	0.46	0.46	0.46	Yes
WV	Putnam	540790201002035	43	43	43	3.35	3.35	3.35	Yes
WV	Putnam	540790201002037	2	2	2	0.62	0.62	0.62	Yes
WV	Putnam	540790201002038	3	3	3	0.81	0.81	0.81	Yes
WV	Putnam	540790201002039	102	102	102	4.44	4.44	4.44	Yes
WV	Putnam	540790201002040	188	188	188	8.01	8.01	8.01	Yes
WV	Putnam	540790201002043	0	0	0	0.03	0.03	0.03	Yes
WV	Putnam	540790201002046	115	115	115	3.89	3.67	3.67	Yes
WV	Putnam	540790201002047	0	0	0	0.05	0.0	0.0	Yes
WV	Putnam	540790201002049	0	0	0	0.09	0.09	0.09	Yes
WV	Putnam	540790201002052	7	7	7	0.62	0.62	0.62	Yes
WV	Putnam	540790201002053	0	0	0	0.18	0.18	0.18	Yes
WV	Putnam	540790201002056	0	0	0	0.21	0.01	0.01	Yes
WV	Putnam	540790201002059	0	0	0	0.14	0.14	0.14	Yes
WV	Putnam	540790201002060	66	66	66	2.74	2.7	2.7	Yes

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WV	Putnam	540790201002061	5	5	5	0.42	0.42	0.42	Yes
WV	Putnam	540790201002062	1	1	1	0.24	0.24	0.24	Yes
WV	Putnam	540790201002063	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201002064	68	68	68	2.29	2.29	2.29	Yes
WV	Putnam	540790201002065	0	0	0	0.05	0.05	0.05	Yes
WV	Putnam	540790201002066	0	0	0	0.3	0.3	0.3	Yes
WV	Putnam	540790201002067	0	0	0	0.08	0.08	0.08	Yes
WV	Putnam	540790201002068	0	0	0	0.21	0.21	0.21	Yes
WV	Putnam	540790201004000	85	85	85	6.33	5.15	5.15	Yes
WV	Putnam	540790201004001	0	0	0	0.19	0.03	0.03	Yes
WV	Putnam	540790201004002	0	0	0	0.06	0.02	0.02	Yes
WV	Putnam	540790201004003	81	81	81	4.41	4.2	4.2	Yes
WV	Putnam	540790201004004	0	0	0	0.03	0.03	0.03	Yes
WV	Putnam	540790201004005	1	1	1	0.12	0.12	0.12	Yes
WV	Putnam	540790201004006	0	0	0	0.14	0.14	0.14	Yes
WV	Putnam	540790201004007	0	0	0	0.21	0.21	0.21	Yes
WV	Putnam	540790201004008	1	1	1	0.09	0.05	0.05	Yes
WV	Putnam	540790201004009	102	102	102	6.51	6.01	6.01	Yes
WV	Putnam	540790201004010	22	22	22	0.64	0.64	0.64	Yes
WV	Putnam	540790201004011	63	63	63	1.42	1.42	1.42	Yes

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WV	Putnam	540790201004012	1	1	1	0.14	0.14	0.14	Yes
WV	Putnam	540790201004014	0	0	0	0.21	0.21	0.21	Yes
WV	Putnam	540790201004016	4	4	4	0.18	0.18	0.18	Yes
WV	Putnam	540790201004017	66	66	66	4.93	3.83	3.83	Yes
WV	Putnam	540790201004018	2	2	2	0.07	0.07	0.07	Yes
WV	Putnam	540790201004019	0	0	0	0.24	0.0	0.0	Yes
WV	Putnam	540790201004020	5	0	0	0.42	0.17	0.17	Yes
WV	Putnam	540790201004021	0	0	0	0.42	0.38	0.38	Yes
WV	Putnam	540790201004022	0	0	0	0.13	0.0	0.0	Yes
WV	Putnam	540790201004023	17	17	17	1.74	1.42	1.42	Yes

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## MOBILITY FUND PHASE I

*West Virginia PCS Alliance L.C. d.b.a. NTELOS (“NTELOS”)*

### UPDATED PROJECT DESCRIPTION

West Virginia PCS Alliance L.C. d.b.a. NTELOS (“NTELOS”) deployed 3G and 4G (Long Term Evolution – LTE) technology in parts of Putnam County, West Virginia. Specifically, NTELOS provides this service within census tract 54079020100, and census block groups 540790201001, 540790201002, and 540790201004 (hereinafter referred to as the “funded service area”). To support the Mobility Fund Phase 1 requirements within the funded service area (i.e. 75% of road miles covered within the census tract) NTELOS [REDACTED], additional 3G switching equipment to support the new cell sites, and a new 4G LTE core network.

In addition to providing traditional voice, text, picture messaging and other data services commonly provided by 3G networks, NTELOS will provide a state-of-the-art 4G network in the funded service area. We deployed this 4G network [REDACTED]. This will allow NTELOS to deliver 4G data speeds necessary to meet the Mobility Fund Phase 1 requirements.

This project was divided into two distinct subprojects, the first subproject being the deployment of a new Evolved Packet Core (EPC) to support 4G LTE service, and the second subproject being the deployment of cell sites required to meet the 3G CDMA and 4G LTE coverage requirements of the funded service area. The EPC was constructed within an existing NTELOS-owned Mobile Switching Center (MSC) located in Waynesboro, VA. The EPC and the legacy 3G CDMA switching infrastructure works concert to support all end-office switching and routing capabilities for the required cell sites. [REDACTED]

NTELOS completed the project milestones according to the following timeline:

Phase	Rough End Date
Network Design	Completed in June 2013.
Drafting and Posting Requests for Proposal	Completed in December 2012.
Selecting Vendors and Negotiating Contracts	Completed in January, 2013.
Construction	Completed in January, 2014.



## **Phase I: Network Design and Contracting - Complete**

### *1) Evolved Packet Core (EPC)*

*EPC-related requirements for this phase of the project included the following:*

- *Review and compare vendor equipment capabilities*
- *Vendor pricing negotiation, vendor legal negotiation, and vendor selection*
- *Equipment capacity sizing*
- *Equipment power, space, and HVAC sizing*
- *Transport design*

### *2) Cell Sites*

*Cell Site-related requirements for this phase of the project included the following:*

- *Review and compare vendor equipment capabilities*
- *Vendor pricing negotiation, vendor legal negotiation, and vendor selection*
- *Equipment capacity sizing*
- *Equipment power and space sizing*
- *Transport design*
- *Cell site search ring generation*
- *Site acquisition of proposed site candidates*
- *Review & analysis of proposed site candidate(s)*
- *Continuous wave (CW) site testing of more promising site candidates*
- *Construction drawings generated*
- *Lease and easement negotiations of approved site candidates*
- *Review permitting requirements for all applicable local, state, and federal authorizations*
- *Application for permits for all applicable local, state, and federal permits and/or authorizations*
- *Order power utility service*
- *Order telephony or microwave transport backhaul services*
- *Issue purchase orders to the applicable vendors for electronics, tower, and attachment construction activities*
- *Negotiate sale-leaseback transaction for the towers including provisions to comply with the Mobility Fund public interest obligations.*

## **Phase II: Construction - Complete**

1) Evolved Packet Core (EPC)

*EPC-related requirements for this phase of the project included the following:*

- *MSC make-ready for equipment power, space, and HVAC requirements*
- *Equipment delivery to MSC*
- *Equipment installation*
- *Equipment integration*
- *Equipment testing*

2) Cell Sites

*Cell Site-related requirements for this phase of the project included the following:*

- *Receive and warehouse electronic equipment (e.g., 3G cell site equipment, eNodeB's, routers, microwave radios, cabling, etc.)*
- *Receive tower construction related materials (e.g., tower steel, concrete, conduits, etc.)*
- *Receive collocation-related material (e.g., cabling, antennas, remote radio heads, tower mounts, generators, etc.).*
- *construct cell tower and access road*
- *Construct NTELOS' tower attachment to the cell tower*
- *Construct NTELOS' ground-based equipment location*
- *Install utility power service*
- *Install telco or microwave transport backhaul services*
- *Equipment installation (collectively, tower, collocation, and electronic equipment and materials)*
- *Equipment integration*
- *Equipment testing*

**Phase III: Deployment – Complete**

1) Evolved Packet Core (EPC)

*EPC-related requirements for this phase of the project included the following:*

- *The Cell Sites and EPC was activated and made available to the NTELOS customer base*
- *Completed Proof of performance tests*
- *Quality control issues cited and resolved by the applicable vendors*

2) Cell Sites

*Cell Site-related requirements for this phase of the project include the following:*

- *The Cell Sites and EPC activated and made available to the NTELOS customer base*
- *Completed Proof of performance tests*
- *Quality control issues cited and resolved by the applicable vendors*

**Phase IV: Maintenance - Ongoing**

[REDACTED]

[REDACTED]

## PROJECT BUDGET UPDATE

[REDACTED]

[REDACTED]

*The projected budget and other forward-looking information provided in this updated project description are estimates based on current circumstances and conditions.*